



Colorado Peace Officer Standards and Training Board (P.O.S.T.)
ADA Accommodations Form

Colorado Department of Law, P.O.S.T. Unit, 1525 Sherman Street, Denver, CO 80203

*Complete this form ONLY if you are **requesting special accommodations** for the P.O.S.T. Peace Officer Certification Examination.

The Americans with Disabilities Act (ADA) requires that reasonable accommodations be provided to qualified individuals with disabilities. This law defines disabilities as physical or mental impairments that substantially limit one or more of a person's major life activities (e.g., walking, hearing, speaking, seeing, reading or writing). P.O.S.T. will provide reasonable and appropriate accommodations to qualified applicants who have documented disabilities and demonstrate a need for accommodation during the P.O.S.T. Certification Examination (test).

INSTRUCTIONS: To support a request for test accommodations, please complete and mail this form to P.O.S.T. You may also be required to provide current (not more than 3 years old) written supporting documentation from a qualified health professional that addresses the issues listed in PART II.

PART I. To be completed by the applicant

Legal Last Name First Middle Maiden or Other Names

Address (Street, Apt #, City, State, Zip Code)

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Social Security Number

Home Phone Number

1. Specifically describe the accommodation you seek under the ***1990 Americans with Disabilities Act***.

2. Specifically identify the physical or mental disability(s) that you believe requires this accommodation under the ***1990 Americans with Disabilities Act***.

3. Signature _____ Date _____

PART II. Information to be provided by a qualified health professional and attached to this form (if required)

1. Include a statement of the specific diagnosis of the disability.

2. Cite the diagnostic criteria and tests given, with dates (no more than 3 years since administration) results, and interpretations. Cite how the results support the diagnosis.

3. Describe the applicant's functional limitations due to the disability, and the impact of those limitations on physical, perceptual and cognitive abilities.

4. Recommend specific accommodation(s) for each accommodation, provide a rationale as to how it will reduce the impact of the functional limitation(s).

5. State your professional credentials, training, work experience and any licenses you hold that support your qualifications to diagnose and/or treat this applicant's disabilities.

6. If no prior accommodations have been made of this applicant, explain why. If accommodations have been made for this applicant, state what was done and provide past documentation of prior accommodations.